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PETITION FOR EXT	ENSION OF TIME UNDER	Docket Number (Optional)  ALXN-P03-089			
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			ALXIV-1 03-003		
Application Number 10/625,204			Filed July 23, 2003		
For COMPOSITIO	N AND METHOD FOR MODU	LATING DENDRITI	C CELL-T CELL	INTERACTION	
Art Unit 1648			Examiner	Michelle S. Horni	ng
identified application.	er the provisions of 37 CFR 1.1				
The requested extend	ion and research as to remain (entre	Fee	Small Entity I		
One mon	th (37 CFR 1.17(a)(1))	\$120	\$60	\$	
x Two mon	ths (37 CFR 1.17(a)(2))	\$450	\$225	\$ 225	5.00
Three mo	onths (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four mor	oths (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five mon	ths (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
X Applicant claim	ns small entity status. See 37	CFR 1.27.			
A check in the	amount of the fee is enclosed.				
Payment by cr	edit card. Form PTO-2038 is a	attached.			
X The Director ha	as already been authorized to	charge fees in this a	pplication to a D	eposit Account.	
Deposit Accou	applicant/inventor.	I have enclo		copy of this sheet.	
	assignee of record of the enti Statement under 37 CFR			/96).	
	attorney or agent of record. F	Registration Number	•		
X	attorney or agent under 37 Cl	FR 1.34.			
$d_{a}$	Registration number if acting u	inder 37 CFR 1.34	46,778	•	
_(flst	W Glunds		N	arch 2, 2007 Date	-
	Jennifer K. Holmes		(6	17) 951-7933	
	Typed or printed name			phone Number	—
NOTE: Signatures of all than one signature is requ	he inventors or assignees of record of the lired, see below.	entire interest or their repre	sentative(s) are require	ed. Submit multiple forms	if more
X Total of	1 forms are submi	itted.			i i
					ervice on
I hereby certify that this pa the date shown below with Box 1450, Alexandria, VA Dated: March 2, 2007	per (along with any paper referred to as sufficient postage as First Class Mail, i 22313-1450. Signatu	n an envelope addressed	ed) is being deposite to: M3 Amendment,	d with the U.S. Postal Se Commissioner for Paten (Christine Grace)	its, P.O.
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